

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	AS		08/16/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Dm	72223	9/27/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

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Claim	Date
Final	
Original	
1	1/10/01
2	2/10/02
3	2/10/02
4	1/17/03
5	1/23/04
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Claim	Date
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Original	
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Claim	Date
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If more than 150 claims or 10 actions  
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